

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number

10585035

Filing Date

Applicant(s) Lutz MAY

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	1		1				51					
2		1		1			52					
3		2		1			53					
4		2		1			54					
5		(1)		1			55					
6		(1)		1			56					
7		1		1			57					
8		1		1			58					
9		1		1			59					
10		2		1			60					
11		(1)		1			61					
12		(1)		1			62					
13		(1)	--	--			63					
14		(1)		1			64					
15		(1)		1			65					
16		(1)		1			66					
17		(1)		1			67					
18		(1)		1			68					
19		(1)	--	--			69					
20		(1)		1			70					
21		(1)		1			71					
22		(1)	--	--			72					
23		(1)	--	--			73					
24		(1)		1			74					
25		(1)		1			75					
26		(1)		1			76					
27		(1)		1			77					
28		(1)		1			78					
29		(1)		1			79					
30		(1)		1			80					
31		(1)		1			81					
32		(1)		1			82					
33		(1)		1			83					
34		(1)	1				84					
35		(1)		1			85					
36		(1)		1			86					
37		(1)		1			87					
38		(1)		1			88					
39		(1)		1			89					
40		(1)	1				90					
41		(1)		1			91					
42		(1)		1			92					
43		(1)		1			93					
44	1		1				94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep:	2		4		0							
Total Depend:	45	←	36	←	0	←						
Total Claims:	47	██████	40	██████	0	██████						